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	Application Number	10/725,887					
TRANSMITTAL	Filing Date	December :	December 2, 2003				
FORM	First Named Inventor	Duncan E.	Akporiaye				
	Art Unit	1743					
(to be used for all correspondence after initial filing)	Examiner Name	Dwayne K.	Handy				
	Attorney Docket Number	108495					
Total Number of Pages III 1/185 GUJIIISSON							
ENCLOSURES (Check all that apply)							
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Cemarks	Address		Appeal of Appeal Appeal Proprie	Enclosure(s) (please Identify		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name UOP LLC							
Signature MayowAnoor							
Printed name Maryann Maas							
Date May 14, 2007	May 14, 2007 Reg. No. 38,954						
CERTIFICATE OF TRANSMISSION/MAILING							
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Typed or printed name Margherita M. Laricchia Date May 14, 2007					May 14, 2007		

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PTO/SB/17 (02-07)

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 500 250 100 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 ደሰ 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Extra Claims Fee Pald (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fee Paid (\$) / 50 = - 100 = \_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Fee Code 1814 (\$130) Statutory Disc. & 1251 (\$120) one month ext. 250

SUBMITTED BY			
Signature	marjourinoor	Registration No. (Attorney/Agent) 38,954	Telephone 847-391-2137
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